



Office of Public Instruction
Linda McCulloch, Superintendent
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Helena, MT 59620-2501

STUDENT RECORD REVIEW

☐ Timelines ☐ Referral ☐ Evaluation Plan ☐ CST ☐ IEP
☐ LRE ☐ Transition ☐ Transfer ☐ IEP Notice ☐ FAPE ↓ 3

NOTE: Place a check in the above boxes only if you have checked that an item in that section is non-compliant. Do not check for concerns, only for non-compliance.

Student Initials:	Birthdate:	Age:	Sex:	Grade:	Disability:
District:		School Building:		SPED Teacher:	
Person Completing Record Review:					

NOTES: **Student Initials:** Use all three initials. **Age:** At date of most recent IEP.
School: School currently attending **SPED Teacher:** Name of current special education teacher or speech provider (if student only receives speech services)

Dates					
	Referral	Evaluation Plan	CST Meeting	IEP Meeting	IEP Amendment
Most Recent	Most Recent	Most Recent	Most Recent	Most Recent	
Previous		Previous	Previous	Previous	
Previous		Previous	Previous	Previous	

Yes No NA

TIMELINES:

☐ ☐ ☐

A. 8/1/2005 and later only: Initial evaluations were completed within 60 days of date parental consent was received.

If more than 60 calendar days, why? _____

NOTE: If the explanation is not included in the CST, ask the special education teacher.

☐ ☐ ☐

B. 8/1/2005 and later only: Initial IEP was conducted within 30 days of the initial CST

☐ ☐ ☐

C. The student is reevaluated every three years OR the parents and the school district agreed that a reevaluation was unnecessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- D. IEP was in effect at beginning of school year**
E. IEP is reviewed every twelve months

Special education record includes:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- A. Records are maintained in a secure and confidential manner**
B. Access log
C. Access log includes a list of all individuals who have access to records
D. Record of individuals obtaining access to record, including name, date and purpose

NOTE: If the access log has not been signed, this does not constitute a "No". Individuals who appear on the list cited in the above item are not required to sign when accessing the student record.

<input type="checkbox"/>	<input type="checkbox"/>
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- E. Information about this student only**

NOTE: Information about siblings contained in social histories or disciplinary records which contain information about other students is acceptable.

<input type="checkbox"/>	<input type="checkbox"/>
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- F. Referral** ☐ **More than 2 years old**

NOTE: If the record contains a "reconstructed" referral this is a "Yes".

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- G. Evaluation Plan**
H. Evaluation Data (summaries of assessments, test protocols, et. al.)

NOTE: Test protocols must be kept in the special education records and not in the sole possession of a speech provider or school psychologist.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- I. Child Study Team reports**
J. Individualized Education Programs
☐ **K. Progress Reports sent to parents**

NOTE: Information may be present in the special education record, stored with current IEP or be available from the special education teacher for the IEP in effect. Check "NA" if this is an initial IEP and the progress report period has not yet ended.

REFERRAL includes:

- ☐ **Referral from another district** ☐ **More than 2 years old** ☐ **Reconstructed**
☐ **Current Document not in Record**

NOTE: If you checked any of the boxes above, move to the next section without reviewing the document.

<input type="checkbox"/>	<input type="checkbox"/>
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- A. Regular education interventions tried**

NOTE: Attached documentation from pre-referral teams is acceptable and encouraged.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- B. Specific reasons for the referral**
C. Signature of person making referral
☐ **Check this box if the parent signed as the referring person.**

EVALUATION PLAN includes: ☐ **Evaluation Plan from another district**
 ☐ **More than 2 years old**
 ☐ **Current Document not in Record**

NOTE: If you checked any of the boxes above, move to the next section without reviewing the document.

- ☐ ☐ **A. Why the student is being evaluated**
☐ ☐ **B. A description of each evaluation procedure**

NOTE: If they are using the OPI form, this is a "Yes." For non-OPI forms, check "No" if the form does not include a description of each evaluation procedure (excluding observation)

- ☐ ☐ **C. A parent signature for permission***
 *** _ _ If written permission was not obtained for reevaluation, record has documentation of attempts to obtain**

- ☐ ☐ ☐ **D. The Evaluation Plan was provided in the parents' native language**

NOTE: Look for evidence in the file that the student is LEP or that the parent's language is something other than English

- ☐ ☐ ☐ **E. Initial Evaluation: The parents were given the Procedural Safeguards brochure**

NOTE: Check all identified assessments for use with items E and F below.

- | | | | | |
|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Assist. Tech. | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Class-Based Assess. | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> English Proficiency | <input type="checkbox"/> FBA | <input type="checkbox"/> Observations | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Transition | <input type="checkbox"/> Other: _____ | |

CST REPORT includes: **School:** _____ **SPED Teacher:** _____

- ☐ **CST Report from another district** ☐ **More than 2 years old**
☐ **Current Document not in Record**

NOTE: If you checked any of the boxes above, move to the next section without reviewing the document.

- ☐ ☐ **A. Parent comments**
☐ ☐ **B. Current classroom-based assessments (CBA)**

NOTE: CBA include grades, individual assessments and reports of student abilities.

- ☐ ☐ **C. CBA includes the student's involvement and progress in the general curriculum**
☐ ☐ **D. Observations by teachers and/or related services providers**

NOTE: These may be contained in psychological or other reports, so long as they are attached to the CST.

- ☐ ☐ **E. All assessments marked on Evaluation Plan were conducted**
☐ ☐ **F. Only assessments marked on the Evaluation Plan were conducted**
☐ ☐ **G. Implications for educational planning for all assessment areas**

NOTE: Implications must specify modifications/accommodations or suggested teaching methods.

- ☐ ☐ **H. Disability criteria (written or checklist—only for INITIAL evaluation of a disability)**

NOTE: Check "No" if there is no criteria for each identified disability or if a written statement does not address all criteria in the ARM for that disability.

- ☐ ☐ **I. Need for special education and related services**

- ☐ ☐ **J. Disability category(ies):** _____

- ☐ ☐ ☐ **K. (Initial CST) - The results of assessments in all areas related to the suspected disability**

NOTE: Review the criteria checklists, including exclusionary factors, to determine necessary assessments.

Child Study Team includes:
☐ ☐
☐ ☐
A copy of the report was provided to the parent**Parent(s)**
☐ ☐
If parent did not attend, records of attempts to arrange a mutually agreed on time/place**NOTE:** This may be documented through meeting notes, contact logs or copies of invitations.
☐
Student
☐ ☐
Administrator
☐ ☐ ☐
Regular education teacher
☐ ☐
Special education teacher or Speech and language pathologist
☐ ☐
Teacher or specialist with knowledge in the area of suspected disability**NOTE:** This would be the special education teacher, parent or related service professional.

REQUIRED FOR <u>INITIAL</u> CST MEETING	AU	CD	DB	DE	ED	HI	LD	SI	TBI
School Psychologist	X	X			X		X		X
Speech-language Pathologist	X		X	X or X		X or X		X	X
Audiologist						X			

NOTE: For DE and HI, either a SLP or Audiologist is required, not both.**IEP includes: School: _____ SPED Teacher / SLP: _____**☐ **Current Document not in Record**
☐ ☐
A. Student's strengths, preferences and interests**NOTE:** Check "No" if this area has been left blank or the information is not in the IEP.
☐ ☐
B. Concerns of the parents**NOTE:** Check "No" if this area has been left blank.**Consideration of:****NOTE:** Place a mark in the first or second column to indicate "Yes" or "No" that the IEP documented consideration of this special factor. Place a mark in "(Checked "Yes": __)" if the IEP team checked the item "Yes."
☐ ☐
C. Whether student behavior impedes learning (Checked "Yes": __)
☐ ☐
D. Communication needs (Checked "Yes": __)
☐ ☐
E. Assistive technology devices/services (Checked "Yes": __)
☐ ☐
F. Limited English Proficiency (Checked "Yes": __)
☐ ☐
☐ **G. If any item in C-F is checked "Yes," the need is addressed in the IEP****NOTE:** These factors may be addressed by goals, accommodations, modifications, specific plans (behavior, special health care, technology, etc.) or in the minutes.**For student who is blind or visually impaired, consideration of:****Orientation and mobility = Yes __ or No __ (If Yes, training must be in IEP)****Instruction in Braille = Yes __ or No __ (If No, minutes must say "Why not")**

☐☐ ☐
Y N OK

H. Present level of academic achievement and functional performance (PLAAFP)

If No: ☐ Not Present ☐ No Academic Achievement/Functional Performance
☐ No information about current performance ☐ Not related to MAG
☐ Not state how disability affects involvement/progress in gen. ed., etc.

☐☐

I. Measurable annual goals (MAG)

If No: ☐ Not Present ☐ No mechanism to measure progress
☐ No permanent product

☐☐ MAG addresses enabling the child to be involved in and make progress in the regular curriculum or, for preschool children, to participate in appropriate activities

☐☐ MAG addresses other educational needs that result from the child's disability

☐☐ ☐

**J. COMPLETE THIS ITEM ONLY for children who take the CRT-ALT:
Short-term Objectives or Benchmarks which are measurable (STOB)**

If No: ☐ Not Present ☐ No mechanism to measure progress
☐ No permanent product

K. If student does not participate in Physical Education, specially designed physical education is included in the IEP: Yes ☐ No ☐

NOTE: If the severity/nature of the students disability would suggest specially designed physical education but it is not identified in the IEP, ask the sped teacher if the student participates in regular PE.

☐☐

L. How often progress reports will be sent to parents

NOTE: If at least one progress reporting period is checked within the IEP, mark this item "Yes."

☐☐

M. IEP considers the results of the most recent CST

☐☐

N. IEP team addressed any lack of progress in the general curriculum

☐☐

O. The frequency, location, and date of initiation of special education and related services

NOTE: "Date of initiation" is "Today's Date" on page 1 of the IEP.

P. The child's placement:

☐☐ a. is based on the child's IEP

☐☐ b. is as close as possible to the child's home

NOTE: Having this box checked "No" on the IEP does not indicate non-compliance if a reasonable explanation is provided.

☐☐ c. is in the school that he/she would attend if nondisabled

☐☐ d. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs

NOTE: If "No" is checked for any of the preceding explain why below.

☐☐

Q. Supplementary Aids and Services for the student, including modifications or supports for school personnel.

NOTE: If team checked "not Needed," check Yes.

☐☐ **R. Participation in State/Districtwide Assessments**

The student will participate in the following manner:

NOTE: Record the IEP team decision for each assessment. Check "N/A" if the district does not conduct districtwide assessments.

CRT Tests (Grades 3-8, 10)

- ☐ NA
☐ Without accommodations
☐ With accommodation(s)
☐ CRT-Alternate
☐ Not addressed

Districtwide Tests

- ☐ N/A
☐ Without accommodations
☐ With accommodation(s)
☐ Alternate Assessment Scale
☐ Not addressed

NOTE: Check "Not Addressed" if no choices were made.

If student is taking Alternate Assessment, IEP addresses:

- ☐☐ Why the child cannot participate in the particular assessment
☐☐ Why the particular alternate assessment selected is appropriate for the child

☐ **Statewide assessments are not being conducted during the term of this IEP**

NOTE: Check this box if the student is in grades PK, K, 1, 2, 12 OR if the student is in grade 9 AND the duration of the IEP does not include the time period in which the testing will occur (spring).

☐☐ **S. Extended School Year services were considered**

NOTE: If the student's third birthday occurs in the summer, the individualized education program (IEP) team shall decide whether the student is to receive extended school year services during the summer.

☐☐ **T. IEP Accessibility and Responsibilities**

IEP Team includes:

☐☐

Parent(s)

- ☐☐ A copy of the IEP was given to the parent
☐☐ Written consent for initial and annual placement was obtained prior to placement
☐☐ Parent is given a copy of the procedural safeguards notice at least once per year
☐☐ If parent did not attend, records of attempts to arrange mutually agreed on time/place

NOTE: This may be documented through meeting notes, contact logs or copies of invitations.

☐☐ ☐

Student, age 15 and older

☐☐

Administrator

☐☐

Regular education teacher

☐☐

Special education teacher or speech and language pathologist

☐☐

Teacher or specialist with knowledge in the area of suspected disability

NOTE: This could be the special education teacher, parent or related service professional.

☐☐

Representative of other agency (transition IEP)

☐

IEP Team Member Excusal:

November 10, 2008

NOTE: Copy the documentation and ask an OPI Specialist for assistance in completing this item.

IEP meeting included at least one:

- ☐ ☐ **Special education teacher or speech and language pathologist**
☐ ☐ **Regular education teacher (if the student is or may be participating in the regular education environment)**
☐ ☐ **Administrator or designee**

The excusal documented:

- ☐ ☐ **The parent's consent for excusal prior to the IEP meeting**
☐ ☐ **The member(s) to be excused**
☐ ☐ **Each excused member provided written input prior to the meeting.**
If No, indicate member _____
☐ ☐ **Copies of the written input from each excused IEP Team member is included in the IEP document.**
If No, indicate member _____

IEP Amendment: **School:** _____ **Teacher:** _____

- ☐ ☐ **A. Indicates the date of the IEP being amended**
☐ ☐ **B. Indicates what areas of the IEP are being amended**
☐ ☐ **C. Copies of changes to IEP are attached**

NOTE: Review only most recent IEP Amendment

Amendment approved by:

- ☐ ☐ **Parent(s)**
☐ ☐ **District**

TRANSITION IEP includes: (Beginning with the IEP to be in effect on the child's 16th birthday)

- ☐ ☐ **A. The student's desired post-school activities were considered**
- ☐ ☐ **B. Age appropriate transition assessment was conducted for training, education, employment, and, if appropriate, independent living skills.**
☐ **Assessment was conducted but did not include training, education, employment, or independent living skills. (circle missing items)**
- ☐ ☐ **C. Measurable post-secondary goals related to education or training, employment and, if appropriate, independent living skills.**
NOTE: More than one required area may be included in a single goal.
- ☐ ☐ **D. The IEP includes the Courses of Study for at least the duration of the IEP.**
NOTE: This includes the courses of study and not the Anticipated Graduation Date or credits earned to date.
- ☐ ☐ **E. Needed transition services**
- ☐ ☐ ☐ **F. The district invited (with parent permission) any other agency that is likely to be responsible for providing or paying for transition services**
NOTE: Look on meeting invitation.
- ☐ ☐ ☐ **G. If the agency failed to provide the transition services described in the IEP, the district reconvened the IEP team to identify alternative strategies**
NOTE: Look for evidence of this in the IEP or IEP Amendments.
- ☐ ☐ **H. The student's measurable annual goals and transition services will reasonably enable the student to meet the identified post-secondary goals.**
If no, explain why: _____

If student is age 17:

- ☐ ☐ **A. Student was informed of rights that will transfer at age of majority**
- ☐ ☐ **B. Parents were informed of rights that will transfer at age of majority**

IEP MEETING NOTICE must:

- ☐ ☐ **A. Indicate the purpose, time, and location of the meeting**
- ☐ ☐ **B. Indicate who will be in attendance**
- ☐ ☐ **C. Inform the parents that other individuals who have knowledge or special expertise about the child may participate in the IEP**
- ☐ ☐ ☐ **D. For student transitioning from Part C services, Part C service coordinator invited**
NOTE: If student did not transition from Part C services, mark NA.

Beginning at age 16, indicate:

- ☐ ☐ **A. That a purpose of the meeting will be the development of transition services needs/needed transition services and measurable postsecondary goals**
- ☐ ☐ **B. That the agency will invite the student**
- ☐ ☐ **C. Any other agency that will be invited to send a representative**

TRANSFER STUDENTS

A. In-state transfer

☐ ☐ The district implemented the student's IEP

Date of documentation: _____

B. Out-of-state transfer—the district:

☐ ☐ i. determined that student is eligible in Montana

Date of Determination: _____

☐ ☐ ii. implemented the student's IEP

Date of documentation: _____

FAPE FOR CHILDREN AT AGE 3 Referred by parent only

☐ ☐ A. If referred more than 90 days before the child's third birthday, the IEP was developed and implemented no later than the child's third birthday.

NOTE: Developed and implemented means consented to by the parent.
